MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:

Medicaid & CHIP
Oregon

Section A. Verification Procedures for Factors of Eligibility

	Section A. Ver	incation Procedi	ares for racto	TO CIENTIFICATION OF THE PROPERTY OF THE PROPE			1	
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income*	NO	YES	YES	Both are above, at or below the applicable income standard.	N/A	YES	YES	MAGI-based Medicaid/CHIP will be approved based on client statement and verified post-eligibility using available electronic sources. If no electronic data is available, we will accept the client's statement. If the individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, then a reasonable explanation or paper documentation will be requested. If both the attestation and online financial verification are below the MAGI-based Medicaid/CHIP income standards, the applicant is MAGi-based Medicaid/CHIP eligible. If the applicant's statement is above the MAGI-based Medicaid/CHIP applicable income standards but the online financial verification is below the standard, the state will accept the attestation, deny MAGI-based Medicaid and CHIP and screen for potential APTC. At application, Oregon will receive Title II income amounts verified through the federal hub and will be accepted and verified real-time. If the individual attests to income below the applicable standard and SSA indicates income above the applicable standard, then the individual is given up to 90 days to provide a reasonable explanation or paper documentation will be requested prior to enrollment. Such inconsistencies will be resolved prior to granting eligibility and enrolling in benefits. For all other income sources and amounts, Oregon will enroll the individual based on the applicant's statement and conduct verification post-eligibility using available electronic sources. Additional income verifications for MAGI-based program approvals will occur during a "90-day look-back" process that will review initial approval income statements using income sources that include WorkNumber, and Child Support system data. After the 90-day look-back analysis, the results of a quarterly match against Employment Department wage data will be reviewed as it becomes available. If necessary, documentation may be required.
Residency	YES	NO	NO	N/A	N/A	NO	NO	Will follow-up post eligiblity on a case by case basis if residency is questionable (for example: if beneficiary has history of applying for benefits in multiple states). We will ask for a reasonable explanation and request paper documentation very rarely. If no electonic or paper documentation is available, we will accept the client's statement.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Age (Date of Birth)	NO	YES	YES	N/A	N/A	YES	YES	Post-eligiblity verification and follow-up if questionable. State Vital Records or other electronic sources will be used to verify. If necessary, the eligibility worker will require the beneficiary provide documentation within 90 days from the date of application. If no electronic or paper documentation is available, we will accept the client's statement.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	SSA data through the hub will be used to verify SSN. If no SSN has been issued, we will require documentation within 45 days indicating that the application has been submitted, which is in line the 435.910, which states "pending issuance or verification of the individual's SSN by SSA." If an SSN has been provided, but is incorrect, the eligibility worker will require the beneficiary provide documentation within 90 days from the date of application.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	SSA data through the hub will be used to verify citizenship. If citizenship can't be verified using SSA data or vital statistics, we will require documentation. If necessary, the eligibility worker will require the beneficiary provide documentation within 90 days from the date of application, however, the 90 days may be extended.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Homeland security data through the hub will be used to document immigration status. If the status declared by the applicant meets the non-citizen status requirements, we will approve at full benefits. The eligibility worker will require the beneficiary provide documentation within 90 days from the date of application, however, the 90 days may be extended.
Household Composition	YES	YES	YES	Parents don't reside in same household and both parents claim custody of child	N/A	YES	YES	Electronic data will be limited; it will be available to highlight a custody discrepancy only when the child is already in our eligibility system. Self-attestation accepted and any discrepancy will be identified, reported, researched, verified and resolved post-eligibility. If parents don't reside in same household and both parents claim custody of child, the eligibility worker will request a reasonable explanation of the discrepancy. If necessary, the eligibility worker will require the client provide documentation within 90 days from the date of application. If no documentation is available, we will accept the client's statement. For all other applicants, self attestion is accepted, with no additional verification.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	Post-eligiblity verification only if questionable such as attestation of more than one pregnancy in a nine month period. Paper documentation will be requested if necessary. If no paper documentation is available, we will accept the client's statement.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Caretaker Relative	YES	YES	YES	If relative outside the household states they are the caretaker relative	N/A	YES	YES	Electronic data will be limited; it will be available to highlight a caretaker relative status discrepancy only when the child is already in our eligiblity system. Self-attestation accepted and any discrepancy will be identified, reported, researched, verified and resolved post-eligibility. For example, if a relative outside the household states they are the caretaker relative and has already been approved benefits from Oregon for the same child, the eligibility worker will ask for a reasonable explanation of the discrepancy. If necessary, the eligibility worker will require the client provide documentation within 30-days from the date of application. If no documentation is available, we will accept the client's statement. For all other applicants, self attestion is accepted, with no additional verification required.
Medicare	NO	YES	YES	N/A	N/A	YES	NO	SSA data will be used post-MAGI eligiblity to determine receipt of Medicare. Would resolve the inconsistency with SSA and not ask for paper documentation.
Application for Other Benefits	NO	YES	YES	N/A	N/A	YES	YES	Electronic data used to verify if available (for example: unemployment compensation and SSDI income). Paper documentation will be required only if questionable.
Other: (Please describe any other eligibility factors in the space below)								
Oregon Medicaid/CHIP beneficiary	NO	NO	YES	N/A	N/A	NO	NO	Will verify applicant is already receiving Medicaid/CHIP benefits and next renewal date to support 12-month continuous eligiblity process using MMIS and other recipient eligibility data.

^{*} States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP Oregon

State:

Section B1. Use of Electronic Data Sources

Financial:

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	mprehen: Considere (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Annually	Oregon will continue to use the IRS annual report to identify changes in income. State will not use this service through the Hub.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES		Title II income will be received through the Hub at application. If the individual attests to income below the applicable standard and the data source indicates income above the applicable standard, then the individual is given up to 90 days to provide a reasonable explanation or paper documentation prior to enrollment. SOLQ/SOLQi will be used when acting on a reported change and as part of the 90-day look-back process. SOLQ/SOLQi will not be used for MAGI-based Medicaid/CHIP renewals.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Quarterly	Oregon will use quarterly reports of current employment data for newly approved beneficiaries and quarterly reports for ongoing recipients for program integrity. SWICA data is not currently part of an automated renewal process. We hope to add it to the process in 2014.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES		State unemployment compensation income data will not be available at application on October 1. It will be added later, probably in December 2013. Oregon will look at UC income as part of the 90-day look-back process to verify unemployment income attested to at application.
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	,	Eligibility workers will include a review of supplementary payments as part of the 90-day look-back process to verify income attested to at application. Supplemental Payment Program information is not part of an automated renewal process. We hope to add it in 2014.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		The Aging and People with Disabilities GA program is currently closed.

I Flactronic Data Source I	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Other (specify in comments)	Eligibility workers will include a review of supplementary payments as part of the 90-day look-back process to verify income attested to at application.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Other (specify in comments)	SNAP information is not part of an automated renewal process. We hope to add it in 2014. Eligibility workers will include a review of supplementary payments as part of the 90-day look-back process to verify income attested to at application. TANF information is not part of an automated renewal process. We hope to add it in 2014.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Other (specify in comments)	Will be used post-eligiblity and when acting on reported change to verify spousal support. Eligibility workers will also use as part of the 90-day look-back process. DCS data is not part of an automated renewal process. We hope to add it in 2014.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		State Income tax data is not available via interface at this time.
11. Commercial database: (Pease describe any commercial databases in the space below)												
Work Number	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	Other (specify in comments)	WorkNumber will not be accessed through the federal hub on October 1; access is expected sometime in 2014. Until access via the hub is implemented, Oregon will use WorkNumber as part of the 90-day look-back process to verify income attested to at application. We will also use WorkNumber when acting on a reported change. WorkNumber is not part of an automated renewal process. We hope to add it in 2014.
12. Other: (Please describe any additional electronic data sources			l						<u> </u>	1		
in the space below)	-		1		1	1		,	1	1		

^{1.} The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Oregon

Section B2. Use of Electronic Data Sources

Non-Financial:

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	YES	NO	NO	NO	YES	NO	YES	YES	YES	YES	Other (specify in comments)	SSA data will be used for all new applicants and beneficiaries at renewals and as needed when acting on reported changes for verifying receipt of Medicare. SSA date of death data will be used monthly.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Used at renewal and post-enrollment as needed when acting on reported immigration change.
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	YES	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	As needed for household composition, primarily for citizenship documentation and date of death.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	DMV data will be used to verify potential third party resources resulting from motor vehicle accident

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	comments)	As needed for household composition, primarily for verification of Division of Child Support (DCS) cooperation, possible DCS sanctions for non-cooperation, paternity and custody.
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: (Please describe any commercial databases in the space below)																,	

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
APPRISS Incarceration Match	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	Daily update from contractor of individuals newly incarcerated in county jails.
13. Other: (Please describe additional electronic data sources in the space provided below)															•		
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	YES	Quarterly	Used to identify veterans benefits and enrollment in Medicaid in another state.
Department of Corrections	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	Weekly update from Department of Corrections of newly incarcerated individuals.
State of Oregon Medicaid/CHIP eligiblity system data	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	YES	NO	NO	YES	Other (specify in comments)	As needed for household composition to determine caretaker relative status.

^{*} Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP
Oregon

State:

Section C . Additional Factors of Eligibility for Separate CHIP

	Section C . Additi		· ·	oarate Griii		, , , , , , , , , , , , , , , , , , ,
Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
1. Applicant does not have other coverage	NO	YES	YES	YES	Must be Applied	Oregon will compare client's statement against MMIS data post-eligibility. If there is a conflict, coverage will be verified with the insurance carrier. Oregon will use Cover Oregon data to confirm health care coverage begin and end dates. Paper documentation will be required only if unable to contact the client via phone or e-mail to ask necessary follow-up questions.
2. Applicant does not have access to affordable ESI	NO	YES	YES	YES		Oregon will compare client's statement against MMIS data post-eligibility. Oregon will accept the client statement of access issue. For Oregon will use travel time and/or distance to determine if ESI is available. Will ask for paper documention only if necessary.
3. When child has had coverage (as applicable to states' waiting period)	NO	NO	NO	NO		No electronic data available. Pre-enrollment, state calls the insurance carrier to verify. Will ask for paper documention only if necessary.
4. Access to public employee coverage	NO	NO	NO	NO		No electronic data available. Pre-enrollment, state calls the insurance carrier to verify. Will ask for paper documention only if necessary.
5a. Waiting period exception #1 (describe): The individual has a condition that, without treatment, would be lifethreatening or cause permanent loss of function or disability	YES	NO	NO	NO		

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
5b. Waiting period exception #2 (describe): The loss of health insurance was due to the loss of or a change in employment	YES	NO	NO	NO		
5c. Waiting period exception #3 (describe): The individual's private health insurance premium was reimbursed by Oregon's Medicaid Health Insurance Premium Payment (HIPP).	NO	NO	YES	NO		HIPP verified through MMIS. At no time would paper documentation be requested from the individual.
5d. Waiting period exception #4 (describe): The individual's private health insurance was subsidized through Oregon's Family Health Insurance Assistance Program or the Office of Private Health Partnerships (OPHP).	NO	NO	YES	NO		Receipt of OPHP Healthy KidsConnect subsidy verified via Oregon's Client Maintenance computer system. Receipt of FHIAP subsidy verified by phone call to FHIAP staff. At no time would paper documentation be requested from the individual.
5e. Waiting period exception #5 (describe): A member of the individual's filing group was a victim of domestic violence.	YES	NO	NO	NO		
5f. Waiting period exception #6 (describe):					N/A	

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Attestation Accepted with	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	
5i. Waiting period exception #9 (describe):					N/A	
5j. Waiting period exception #10 (describe):					N/A	
6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both)
State:

Medicaid & CHIP
Oregon

Section D. Additional Verification Questions

	Question	Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	Oregon researched available electronic data sources and determined the data sources considered to be effective at this time. The state accepts selfattestation for many factors and uses all available data sources and asks for reasonable explanation before asking for paper documenation.
2	Please describe how the state uses PARIS?	Oregon uses the PARIS match as part of the post-eligibility review process for duplicate state benefits and to identify potential veterans benefits.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	N/A

	Question	Response
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

Section A. Additional Comments		
Section B1. Additional Comments		
Section B2. Additional Comments		
Section C. Additional Comments		